CLAIMS ONLY COPY

Application Number	Filing Date
09/660209	

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1	/						51							
2	✕						52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7		/					57							
8		/					58							
9	/						59							
10		/					60							
11		/					61							
12		/					62							
13	/						63							
14	✕						64							
15		/					65							
16	✕						66							
17	✕	/					67							
18		/					68							
19	✕						69							
20	/						70							
21		/					71							
22		/					72							
23	/						73							
24	✕						74							
25							75							
26		/					76							
27	/						77							
28		/					78							
29		/					79							
30	✕						80							
31							81							
32	✕						82							
33							83							
34		/					84							
35	✕						85							
36		/					86							
37		/					87							
38	/						88							
39		/					89							
40		/					90							
41		/					91							
42		/					92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	6						Total Indep							
Total Depend	24						Total Depend							
Total Claims	30						Total Claims							